

FILED DEC 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43109

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 3109

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maplewood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0360</u>	
c. LENGTH OF STAY (in this place) <u>4 mo</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7169 Lyndon</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marietta</u> b. (Middle) <u>Johnson</u> c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-50</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-28-1870</u>
9. AGE (in years, last birthday) <u>80</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Linna H. Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Birdie Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>Birdie Johnson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>7001</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fern James Mosell</u> ADDRESS <u>Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>		DUE TO (c) <u>442X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>12-13</u> , 19 <u>50</u> , to <u>12-21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-21</u> , 19 <u>50</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>O. L. Meyer</u> (Deputy or title) <u>2nd</u>	
23b. ADDRESS <u>7171 Manchester, St. Louis</u>		23c. DATE SIGNED <u>12/23/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fishers Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mosell, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/28/50</u>		REGISTRAR'S SIGNATURE <u>Richard R. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey & Lenox</u> ADDRESS <u>St. Clair, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. 364

Signed Frank R. Amaleng
Student Embalmer

Signed

K. M. Lerch
Licensed Embalmer No. 3601

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.